

MEMBERSHIP FORM

1. MEMBERSHIP DETAILS

Start Date: _____

Membership Type: Single (\$39 per month) Whole household/family (\$49 per month)

2. MEMBER DETAILS

Male Female

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Email: _____

Family Members (if included in membership):

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

Name: _____ Date of Birth: _____ Male Female

3. MEMBERSHIP TERMS AND CONDITIONS

Pure Health membership benefits include discounted appointment fees, single homeopathic remedies, access to Dr. Mowery outside of clinic hours, and 10-20% discount on Pure Health's online medicinary at <https://www.npscript.com/azpurehealth>. In office lab testing is NOT discounted. Note that although members have access to Dr. Mowery and non-members have limited access; if there is an emergency call 911 and seek out emergency medical treatment. If you cannot get ahold of Dr. Mowery, do not wait for a call back; seek out emergency care as advised above.

Direct Deposit

Membership fees are processed as an automatic monthly deduction from a debit or credit card (Visa, MasterCard or Debit Card only). Automatic deductions may be processed anytime. The initial term of service is for 1 year from the original sign up/start date. Afterwards the direct deposit will continue on a month to month basis.

Lump Sum payment

You may pay for the 1 year membership in a single lump sum, however, lump sum membership payments WILL NOT be refunded for any reason. We recommend that you keep your dollars working for you and choose the direct debit, monthly payment option.

Suspensions, Cancellations and Terminations

We understand that life can change quickly and without notice. If you find it necessary, you may request an early termination of your direct debit membership agreement. You must notify The Naturopathic Clinic IN WRITING 2 weeks prior to the desired termination date. We reserve the right to deny an early cancellation request. LUMP SUM PAYMENTS WILL NOT BE REFUNDED AT ANY TIME.

A member may also request to suspend their membership. If a membership is suspended, office fees will revert to non-membership charges per visit. To suspend a membership, the member must notify Pure Health Naturopathic Clinic IN WRITING 2 weeks prior to the desired suspension date. You may mail, fax or deliver your request in person to Pure Health Naturopathic Clinic. We reserve the right to deny a membership suspension request.

4. MEMBERS DECLARATION & PAYMENT DETAILS

By signing this document, I agree that I have read, understand and agree to the terms and conditions of Membership as defined above.

I choose automatic deduction of \$_____ each month.

I choose to pay the annual membership in full today in the amount of \$_____

My Credit Card/Debit Card Number _____

Expiration Date ____/____

CVV Code (3 digit code on the back) _____

Billing Zip Code _____

Signature: _____ Date: _____